

Site Accreditation Report – Northern Hills Alcohol and Drug Services dba Compass Point

Completed: October 15-16, 2019

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Medically Monitored Intensive Inpatient Treatment Program

Review Process: Northern Hills Alcohol and Drug Services dba Compass Point was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 100%

Combined Client Chart Review Score: 78.9%

Cumulative Score: 82%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency has an organized and concise policy and procedure manual. The policy and procedure manual is individualized to the agency and easy to follow. Staff interviewed reported management has an open-door policy, easy to approach and open to feedback. Staff reported training and educational opportunities are encouraged for staff to attend.

Recommendations: None

Plan of Correction: None

CLIENT CHART REVIEW SUMMARY

Strengths: The client's interviewed reported staff are trustworthy, easy to talk to, and non-judgmental. The agency involves clients in community activities to learn ways to have fun in sobriety. The agency completes 'Rally' plans for those clients who may struggle during the Sturgis Rally. The client's complete a treatment plan questionnaire to help the client and the clinician integrate the client's strengths and weakness into their treatment plan.

Recommendations: None

Plan of Correction:

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules

1. In review of the integrated assessments, eight out of the 11 charts reviewed had one or more of the required elements missing. One of the 11 charts reviewed was missing the integrated assessment. According to ARSD 67:61:07:05 integrated assessments shall contain the following:
 - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
 - Living environment or housing;
 - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
 - Past or current indications of trauma or domestic violence or both if applicable;

The agency should ensure all the above required elements are addressed when assessments are completed even when one or more topic is not applicable to a client, so it is evident the elements were discussed. In addition, all integrated assessments need to be completed within 30 days of admission.

2. In review of the treatment plans, seven out of 14 charts reviewed had one or more of the required elements missing. Three of the 14 charts reviewed were missing a treatment plan. According to ARSD 67:61:07:06 treatment plans shall contain the following:
 - Measurable objective or methods leading to the completion of short term goals including time frames for the anticipated dates of achievement or completion of each objective or reviewing progress toward objectives, specification and description of the indicators to be used to assess progress, referrals for needed services that are not provided directly by the agency, and include interventions that match the client's readiness to change are identified.
 - A statement identifying the staff member responsible for facilitating the methods or treatment procedures.
 - The individualized treatment plan shall be developed within ten calendar days of the client's admission for 2.1 intensive outpatient treatment program and/or 3.7 medically-monitored intensive inpatient treatment program.
The individualized treatment plan shall be developed within 30 calendar days of the client's admission for 1.0 outpatient treatment services program.
 - All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.
 - Evidence of the client's meaningful involvement in formulating the plan must also be documented in the file.

It is recommended the agency utilize one treatment plan for multiple goals and objectives to help with the cohesiveness of the client's treatment. It is also recommended the agency address the client's mental health concerns, one way to do this is by educating the clients on how their substance use can affect their mental health.

3. According to ARSD 67:61:07:08, progress notes should include a brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable. In review of the progress notes, three of the 18 charts reviewed had the same plan throughout the chart or it stated, "the client's plan was to attend group." Each progress note should be individualized throughout the entire chart based on what will be worked on during the next session.
4. In review of continued services reviews, 14 out of 14 charts reviewed had one or more of the required elements missing. Five out of the 14 charts reviewed had at least one continued service review missing in the chart. According to ARSD 67:61:07:07, continued service reviews shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. Continued service reviews for Level 1.0 need to be completed every 30 calendar days and for Level 2.1 and 3.7 need to be completed every 14 calendar days.
5. A transfer or discharge summary shall be completed upon termination or discontinuation of services according to ARSD 67:61:07:10. In review of charts that required a discharge or transfer summary; seven out of the 17 were missing a transfer or discharge summary. Seven out of the 17 charts reviewed were missing one or more of the below elements:
 - A transfer or discharge summary completed within five working days;
 - A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;
 - If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.
6. Intensive outpatient treatment programs shall provide any combination of individual, group, or family counseling two or more times per week to each client. Each adult client shall be provided with a minimum of nine hours of these services per week according to ARSD 67:61:14:03. Three of the five charts reviewed did not have documentation to support the minimum number of service hours.
7. Medically-monitored intensive inpatient treatment programs shall provide a minimum of 21 hours of individual, group, or family counseling per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client for a minimum total of 30 hours per week according to ARSD 67:61:18:05. The additional services shall be provided by an individual trained in the specific topic presented. The four charts reviewed did not have documentation to support the minimum number of service hours.

8. According to Criminal Justice Initiative (CJI) program guidelines documentation of weekly progress reports as well as discharge summaries shall be sent to the probation officer or referral source. In the four charts reviewed, no documentation was found on the weekly progress reports being sent to the referral source. Two of the four charts reviewed did not have the discharge summary sent to the referral source.